

## AMENDMENT TRANSMITTAL FORM

In re application of: Michiya Yamada, et al.  
 U. S. Serial No.: 08/945,705 [816201]  
 Filed: February 23, 1997  
 For: LUBRICATING OIL COMPOSITION

) Before the Examiner  
 ) Margaret B. Medley  
 ) Confirmation Number: 3016  
 ) Group Art Unit: 1714  
 ) Family Number: P1995J032

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

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## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the  
 Commissioner for Patents facsimile number 1-703-872-9310 on the date shown below.

Susan Fleming

Signature

November 24, 2003

Date

Type or print name of person signing certification

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$\_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	
Total Claims	*	Minus	**		x 18.00	
Indep. Claims	*	Minus	***		x 85.00	
MULTIPLE DEPENDENT CLAIM FEE					\$290.00	
					FEE FOR CLAIM CHANGES	

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$\_\_\_\_\_.

☒ Charge \$\_\_\_\_\_ to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

DATE OF SIGNATURE

Post Office Address: [to which correspondence is to be sent]  
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 Annandale, New Jersey 08801-0900

ATTORNEY OR AGENT OF RECORD

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☒ Pursuant to 37 CFR 1.34(a)

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